LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053157/RCL7249672	Report Date	: May 08, 2024, 11:58 AM
Referred By	: Dr. Dr. X	Barcode No	: ZC664126
Sample Type	: Serum	Report Status	: Final Report

Thyroid Profile Advance

Vitamin D 25 Hydroxy

Test Description	Value(s)	Unit(s)	Reference Range
Vitamin D 25 - Hydroxy *CMIA*	56.0	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100

Interpretation:
25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

Dr. Dummy

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Patient ID / UHID	: 8053157/RCL7249672	Report Date	: May 08, 2024, 12:55 PM
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Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
Thyroid Profile Total			
Triiodothyronine (T3) *CMIA*	115.0	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	5.0	µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	1.9	µIU/mL	0.35 - 4.94

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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Test Description	Value(s)	Unit(s)	Reference Range

Parathyroid Hormone (PTH Intact)

Parathyroid Hormone (PTH) *CMIA*	34.5	pg/mL	15.00 - 68.30

Interpretation:

Notes :

1. Test results should be interpreted in conjunction with serum calcium and phosphorus levels, and clinical findings.
2. Elevated PTH with normal serum calcium levels may be indicative of Secondary causes of hyperparathyroidism like vitamin D deficiency. It may not always be indicative of Primary hyperparathyroidism.
3. PTH is secreted in a pulsatile manner with an overall circadian rhythm characterized by a nocturnal rise.

Clinical Use

1. Diagnose hyperparathyroidism
2. Monitor severity of secondary hyperparathyroidism in chronic renal failure
3. Discriminate primary hyperparathyroidism from tumor hypercalcemia

Increased Levels

1. Primary hyperparathyroidism
2. Secondary hyperparathyroidism
3. Renal failure
4. Pseudohypoparathyroidism

Decreased Levels

1. Hypoparathyroidism
2. Hypercalcemia of malignancy

Remark:- iPTH is a lalible parameters/and its value may be influenced by temprature & transport conditions.

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.

Dr. Dummy

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